

Name in Full		CERTIFICATE OF DEATH			
Wm Bailey		Chester town		Kent	
Died at		Town		County	
Date of death		1908		May 29	
Sex		male		Color or Race	
Occupation		School boy		Where Residing if not at place of death	
Married, Single or Widowed		single		Name of Wife or Husband	
Father's Name		George Washington		Father's Birthplace	
Mother's Maiden Name		Mary Smith		Mother's Birthplace	
Name of person giving information		Ruth Bailey		How related to deceased	
				Grandmother	
		CAUSES OF DEATH		27	
Primary		As theunia		How long	
Immediate		In bronchial Pneumonia		How long	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician	
				Address	
Accident or Suicide?		no		Frank B. Stines	
				Chester town	
				MD.	

Colard Cemetery Trust

Name
in
Full

Evelina Sawyer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Golt Town		County Kent		MARYLAND	
Date of death 1908	Month May	Day 25	Age 35	Months Unknown	Days Unknown
Sex Female	Color or Race Colored	Birth-place Philadelphia, Pa.			
Occupation Housewife		Where Residing if not at place of death			
Married, Single or Widowed Married	Name of Wife or Husband Emery Sawyer				
Father's Name Edward Wavis	Father's Birthplace Maryland		Mother's Birthplace Maryland		
Mother's Maiden Name Ellen Wavis	How related to deceased Mother				
Name of person giving information Robert M. Wavis					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Pulmonary tuberculosis	How long	2 years
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician H. M. Jeter M.D.	
Address Millington, Md.			
Accident or Suicide? No			

To Be Buried at Galt

Name
in
Full

Aracinda Eva Beck

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Salisbury* Town *Kent* County **MARYLAND**

Date of death *1908* Month *May* Day *15* Age *31* Months *—* Days *—*

Sex *Female* Color or Race *White* Birth-place *Ind*

Occupation *Housework* Where Residing if not at place of death

Married, Single or Widowed *Mar* Name of Wife or Husband *James W Beck*

Father's Name *Quinn Benton* Father's Birthplace *Ind*

Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*

Name of person giving Information *Her husband* How related to deceased

CAUSES OF DEATH

130

Primary *Prolapse of Uterus* How long

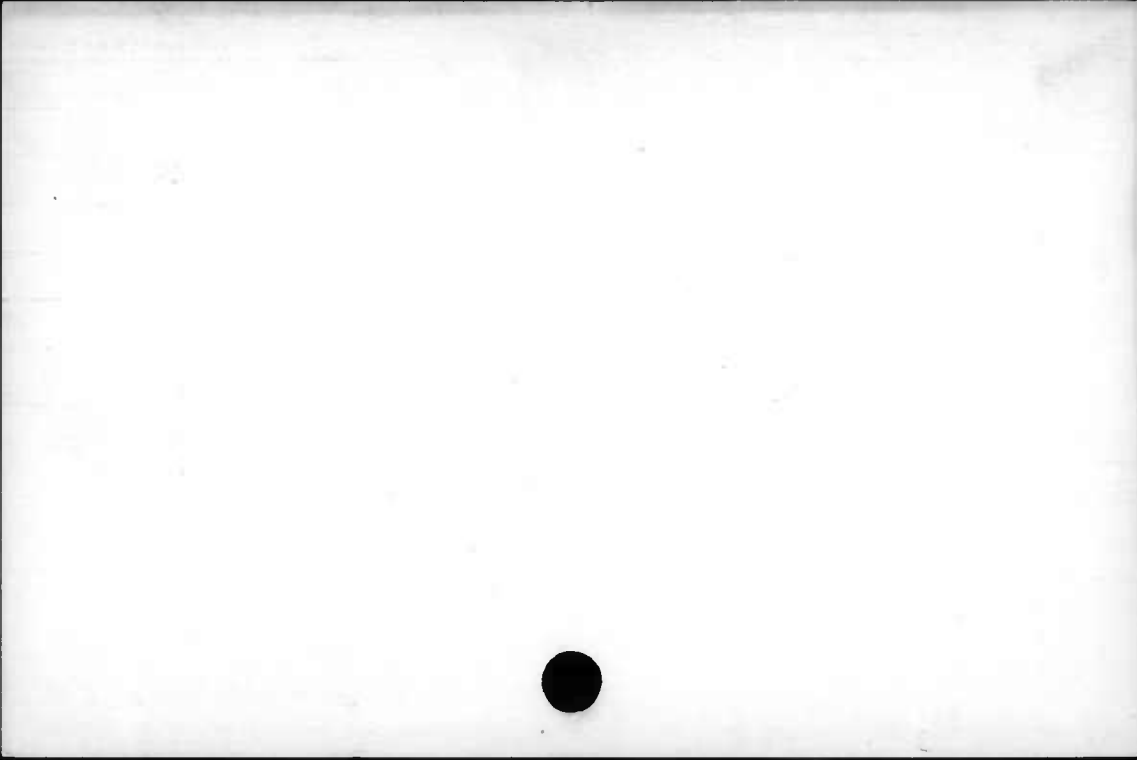
Immediate *Shock* How long

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Sam W Smith*
Address *Chestertown # 2 Ind*

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Harriet Bowers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

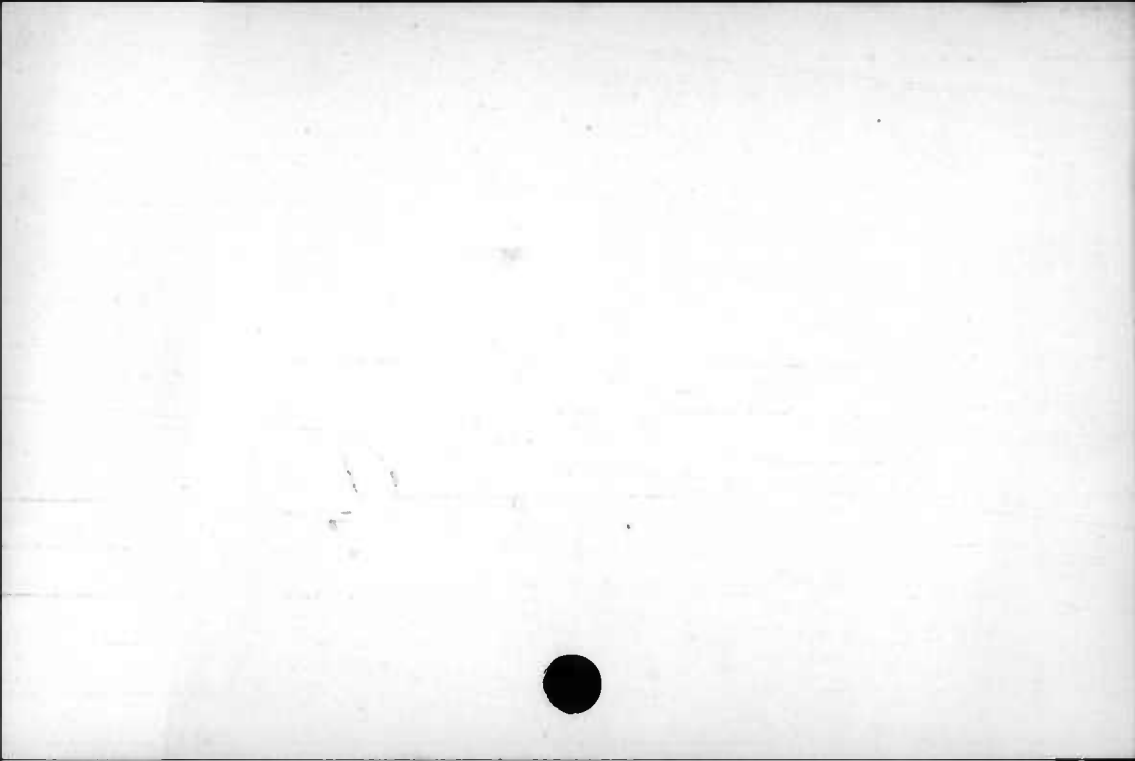
Died at		Tebestown		County		1 Cent		MARYLAND	
Date of death		1908	Month	May	Day	5	Age	Years	47
Sex		Female		Color or Race		Col		Birthplace	
Occupation		Housewife		Where Residing if not at place of death					
Married, Single or Widowed		Married		Name of Wife or Husband		John Bowers			
Father's Name		Henry Hopkins		Father's Birthplace		Md			
Mother's Maiden Name		Maria Wright		Mother's Birthplace		Md			
Name of person giving information		Anna Bell		How related to deceased		Niece			

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	Chronic Nephritis	How long	One year
Immediate	Coma	How long	One day
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		J. P. Thompson	
Address		Tebestown	
Accident or Suicide?		No	



Name
in
Full

CERTIFICATE OF DEATH

Margaret A. Campbell

Town

County

Died at

Millington

Kent

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1908 May

26

Age

92

Sex

Female

Color or
Race

White

Birth-
place

Cambridge Md

Occupation

None

Where Residing if not
at place of death

At home

Married, Single
or Widowed

Widow

Name of ~~Wife or~~
Husband

W M Campbell

Father's
Name

Not known

Father's
Birthplace

Unknown

Mother's
Maiden Name

Margaret A Ingo

Mother's
Birthplace

Unknown

Name of person giving
In formation

Mary F. Harrington

How related
to deceased

Daughter

Accidental fracture of femur

CAUSES OF DEATH

164

Primary

Age,

How long

Immediate

Fracture of Femur

How long

10 days

Are the name, age, sex, color, date
and place correctly given above

Yes

Signature of
Physician

Address

C P Gorman M.D.
Millington
Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Emily P Cohen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

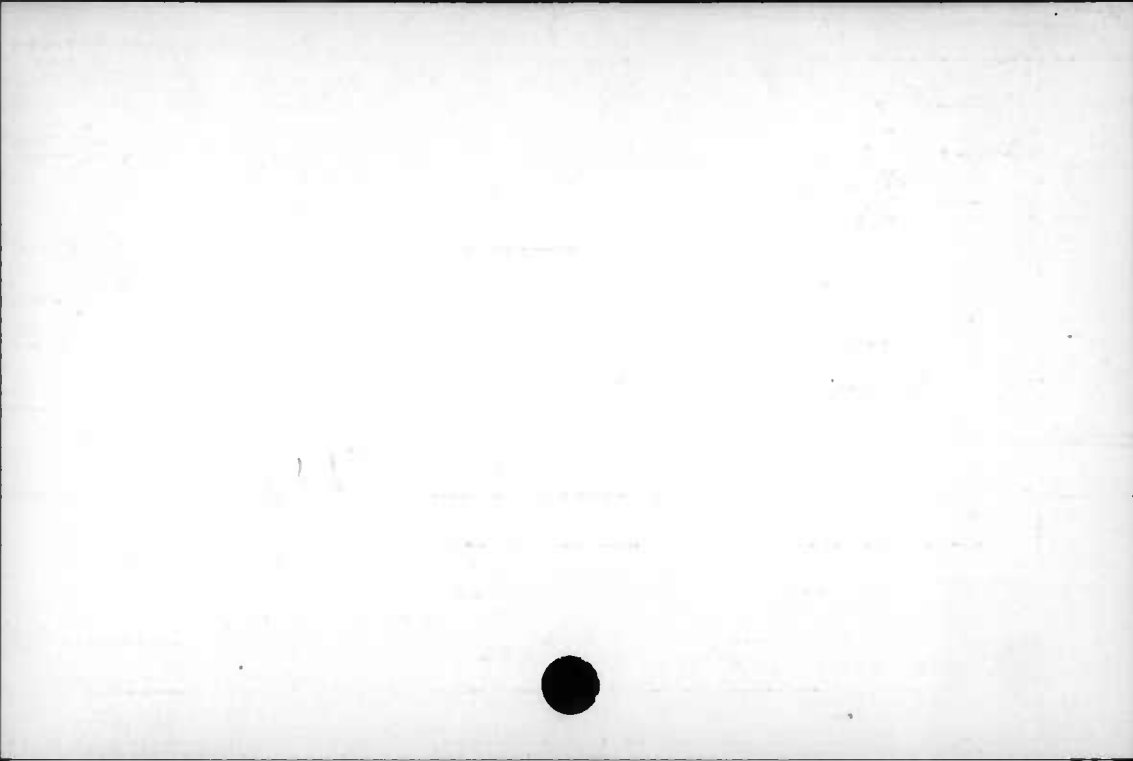
Died at <u>Chestertown</u> ^{Town}		<u>Kent</u> ^{County}		MARYLAND	
Date of death <u>1908</u>	Month <u>May</u>	Day <u>23</u>	Years <u>63</u>	Months	Days
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Ind</u>			
Occupation <u>House</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Vincent J Cohen</u>				
Father's Name <u>John J Newcomb</u>	Father's Birthplace <u>Ind</u>				
Mother's Maiden Name <u>Henretta Wilton</u>	Mother's Birthplace <u>Ind</u>				
Name of person giving information <u>Mrs Bachelor</u>	How related to deceased <u>daughter</u>				

CAUSES OF DEATH

14

PHYSICIAN
OR CORONER

Primary <u>Dysentery</u>	How long <u>8 days</u>
Immediate <u>Exhaustion</u>	How long <u>8 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>H. G. Simpson</u>
	Address <u>Chestertown</u>
Accident or Suicide? <u>No</u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

James Cole

Town *Wilmington* County *Kent Co*

Died at *Wilmington*

Date of death 1908 *8* Month *5* Day *14* Age *46* Years Months *-* Days *-*

Sex *Female* Color or Race *White* Birth-place *Wilmington*

Occupation *Washer* Where Residing if not at place of death *Wilmington*

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *Samuel Cole* Father's Birthplace *Lincoln*

Mother's Maiden Name *Wm Thompson* Mother's Birthplace *4 11*

Name of person giving information How related to deceased

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary *Tuberculosis* How long *2 years*

Immediate *" "* How long

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *W. C. Cunniff*

Address *Wilmington*

Accident or Suicide? *no*



Name
in
Full

Pauline Davis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Abertown</u> ^{Town}		<u>1 Kent</u> ^{County}		MARYLAND	
Date of death	<u>1908</u> ^{Year}	<u>May</u> ^{Month}	<u>12th</u> ^{Day}	<u>Age</u> ^{Years}	<u>1</u> ^{Months} <u>21</u> ^{Days}
Sex	<u>Female</u>	Color or Race	<u>Col</u>	Birth-place	<u>Ind</u>
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			<u>John Davis</u>		
Mother's Maiden Name			<u>Martin Hamilton</u>		
Name of person giving information			<u>Mother</u>		
Father's Birthplace			<u>Va</u>		
Mother's Birthplace			<u>Ind</u>		
How related to deceased			<u>151</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Malnutrition</u>	How long	<u>Since birth</u>
Immediate	<u>Exhaustion</u>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>Yes</u>		<u>J. E. Simpson</u>	
		Address	
		<u>Abertown</u>	
Accident or Suicide?			
<u>No</u>			

J. E. & James. M. E. Com -

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Geo. Hines Gardner		Town Chester town		County Kent		STATE MARYLAND	
Died at Chester town		Month May		Day 28		Age 60	
Date of death 1908		Months 		Days 			
Sex Male		Color or Race white		Birth-place Ohio			
Occupation Engineer		Where Residing if not at place of death Chester town		not			
Married, Single or Widowed married		Name of Wife or Husband Sara E. Gardner					
Father's Name Wm. Henry Gardner		Father's Birthplace Ohio					
Mother's Maiden Name Eliz. Peck		Mother's Birthplace Ohio					
Name of person giving information Mrs. Percy Raleigh		How related to deceased daughter					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Arterio Sclerosis		How long 80		some time	
Immediate Angina Pectoris?		How long —			
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Frank B. Hines			
		Address Chester town			
Accident or Suicide? no				md.	

Burial at Chester Town
Dashed -

Name
in
Full

Still Born Graves

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND


Died at <i>Dear Lynch</i>		Town		County <i>Kent</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>May</i>	Day <i>10</i>	Age	Years <i>-</i>	Months <i>-</i>	Days <i>-</i>	
Sex <i>male</i>	Color or Race <i>Black</i>		Birth-place <i>md</i>				
Occupation <i>-</i>			Where Residing if not at place of death <i>-</i>				
Married, Single or Widowed <i>-</i>			Name of Wife or Husband <i>-</i>				
Father's Name <i>Daniel Graves</i>			Father's Birthplace <i>md</i>				
Mother's Maiden Name <i>Grace Smith</i>			Mother's Birthplace <i>md</i>				
Name of person giving information <i>Daniel Graves</i>			How related to deceased <i>Father</i>				

CAUSES OF DEATH

How long

How long

PHYSICIAN
OR CORONER

Primary	<i>Still Born</i>	
Immediate		
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>		Signature of Physician <i>W. S. Maxwell</i>
		Address <i>Still Pond, Md.</i>
Accident or Suicide?		

Fountain Church

Name
in
Full

Still Born Hackett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Near Still Pond ^{County} Kent **MARYLAND**

Date of death 1908 ^{Month} May ^{Day} 16 ^{Years} — ^{Months} — ^{Days} —

Sex Female ^{Color or Race} Black ^{Birth-place} Near Still Pond

Occupation — ^{Where Residing if not at place of death} —

Married, Single —
or WidowedName of Wife or
Husband —Father's
NameRoger HackettFather's
BirthplaceU. S.Mother's
Maiden NameEsther SmithMother's
BirthplaceU. S.Name of person giving
In formationRoger HackettHow related
to deceasedfather

CAUSES OF DEATH

Primary

Still Born.

How long

Immediate

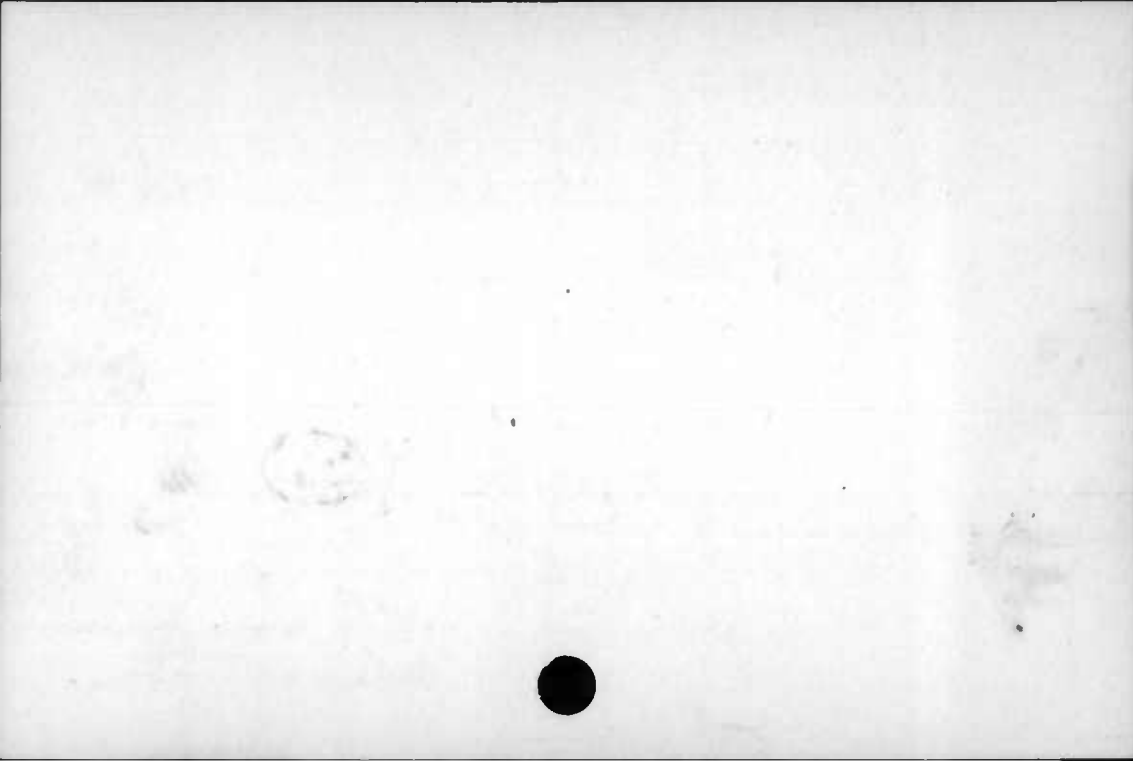
How long

Are the name, age, sex, color, date
and place correctly given above?yes.Signature of
PhysicianW. S. Maywell

Address

Still Pond, Md.

Accident or Suicide?



Name in Full		Certificate of Death			
TO BE ANSWERED BY NEAREST FRIEND		Died at Town <i>Baltimore</i>		County <i>Montgomery</i>	
		Date of death 1908		Month <i>May</i>	
		Day <i>9</i>		Age <i>47</i>	
		Sex <i>female</i>		Color or Race <i>white</i>	
		Occupation <i>Housekeeper</i>		Where Residing if not at place of death <i>—</i>	
		Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>	
		Father's Name <i>Alexandra Hickman</i>		Father's Birthplace <i>Del</i>	
Mother's Maiden Name <i>Unity McInett</i>		Mother's Birthplace <i>Del</i>			
Name of person giving information <i>Mr. Downes</i>		How related to deceased <i>Sister</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <i>Tuberculosis</i>		How long <i>28 years</i>	
		Immediate		How long	
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>L. P. Arthur M.D.</i>	
		Address <i>2111 Bond</i>		<i>md.</i>	
Accident or Suicide?					

Still Pond

Name
in
Full

Natal M Harley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

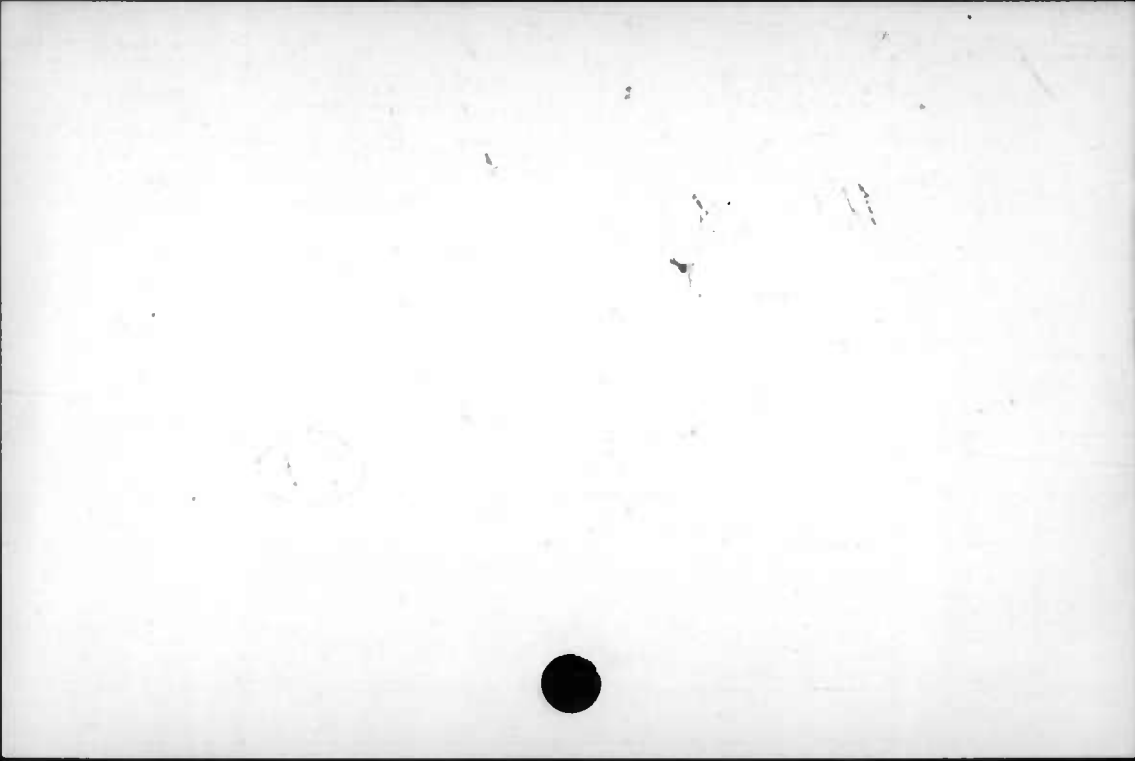
Died at ^{Town} <i>Chestertown</i>		^{County} <i>Kent</i>		MARYLAND	
Date of death	1908	Month	May	Day	21
Age	28	Years		Months	
Sex	Female	Color or Race	White	Birth-place	Ind
Occupation	Nurse	Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Walton L Harley	Father's Birthplace	Ind		
Mother's Maiden Name	Louise Kibler	Mother's Birthplace	Ind		
Name of person giving information	Chas Kibler	How related to deceased	Uncle		

CAUSES OF DEATH

(27)

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis & Brights</i>	How long	<i>1 year</i>
Immediate	<i>Exhaustion</i>	How long	<i>sym 4 weeks</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>H. C. Timmons</i>
		Address	<i>Chestertown</i>
Accident or Suicide?	<i>No</i>		



Name
in
Full

Cortland D. Hudson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

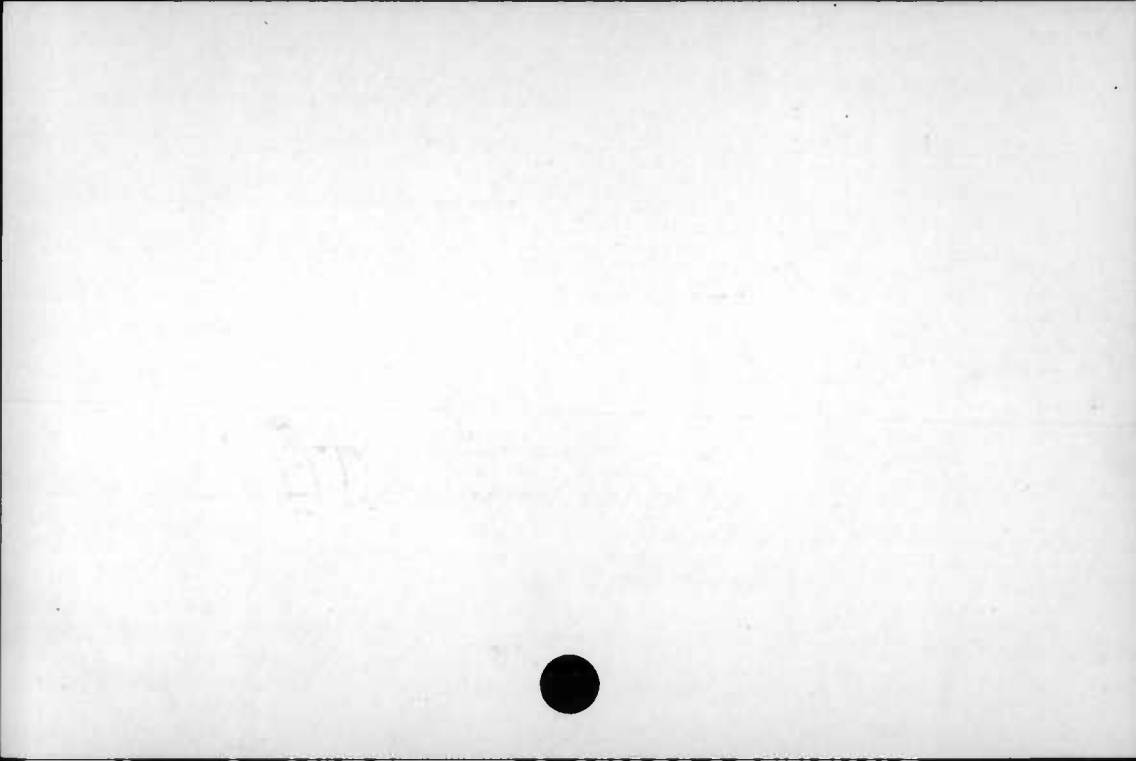
Died at <i>Massey</i> <small>Town</small>		County <i>Keel</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>May</i>	Day <i>26</i>	Age <i>32</i>	Months <i>5</i>	Days <i>2</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>Farmer</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>J. H. Hudson.</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Martha F. Dixon</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

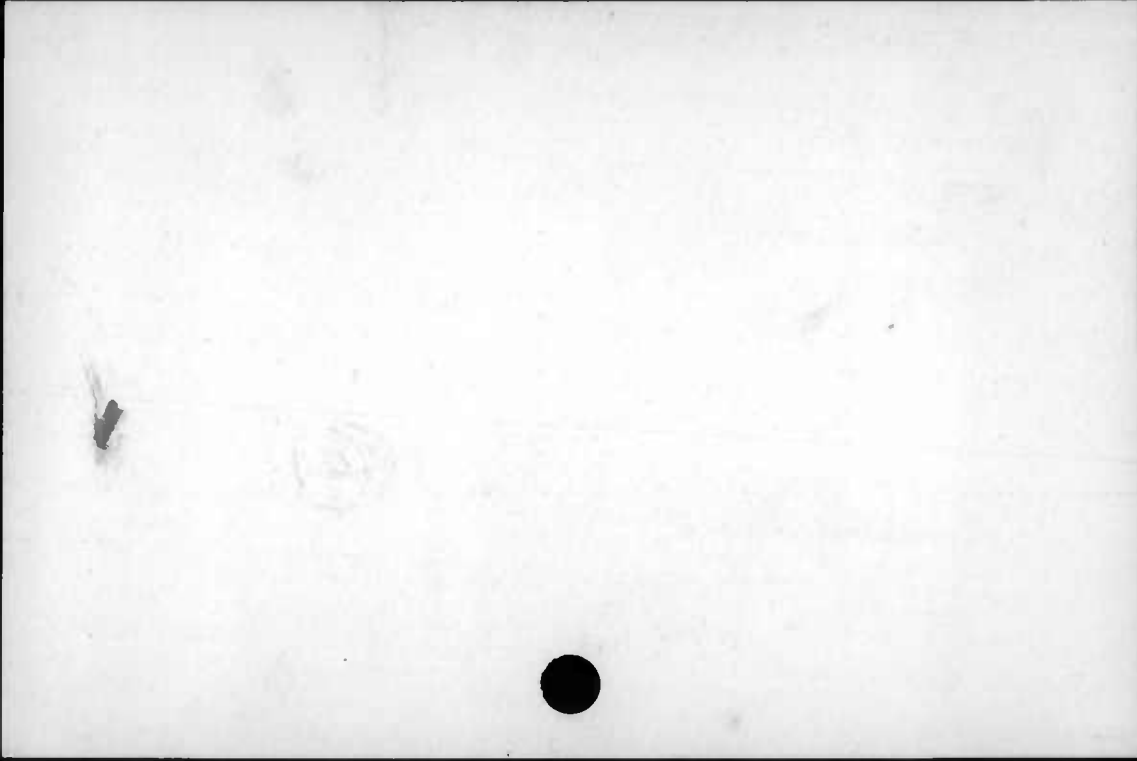
179

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Heart & Arteries</i>	How long <i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>N. M. Jeter</i>
	Address <i>Millington, Md.</i>
Accident or Suicide?	



Name in Full Jonas Jackson		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Stear Beach Town		County Stent
	Date of death 1908 Month May Day 24		Age 64 Months — Days —
	Sex Male	Color or Race Colored	Birth-place La
	Occupation Laborer	Where Residing if not at place of death —	
	Married, Single or Widowed —	Name of Wife or Husband —	
	Father's Name Unknown	Father's Birthplace Unknown	
	Mother's Maiden Name Unknown	Mother's Birthplace Unknown	
Name of person giving information Ide Sewell	How related to deceased Common Law wife		
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary Pleurisy	How long 94	
	Immediate	How long	
	Are the name, age, sex, color, date and place correctly given above? Yes.	Signature of Physician L. P. Atwell M.D.	
		Address Still Pond	
	Accident or Suicide?	md,	



Name
in
Full

Benjamin B. Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Still Pond</i>		Town <i>Stent</i>		County <i>Stent</i>		MARYLAND					
Date of death	1909	Month	May	Day	17	Age	Years 79	Months	—	Days	—
Sex	Male		Color or Race	Black		Birth-place	Md				
Occupation	Laborer				Where Residing if not at place of death				—		
Married, Single or Widowed	Widower		Name of Wife or Husband		Margaret Ward						
Father's Name	James Jones				Father's Birthplace	Md					
Mother's Maiden Name	Sarah Barnes				Mother's Birthplace	Md					
Name of person giving information	Benj. B. Jones				How related to deceased	Son.					

CAUSES OF DEATH

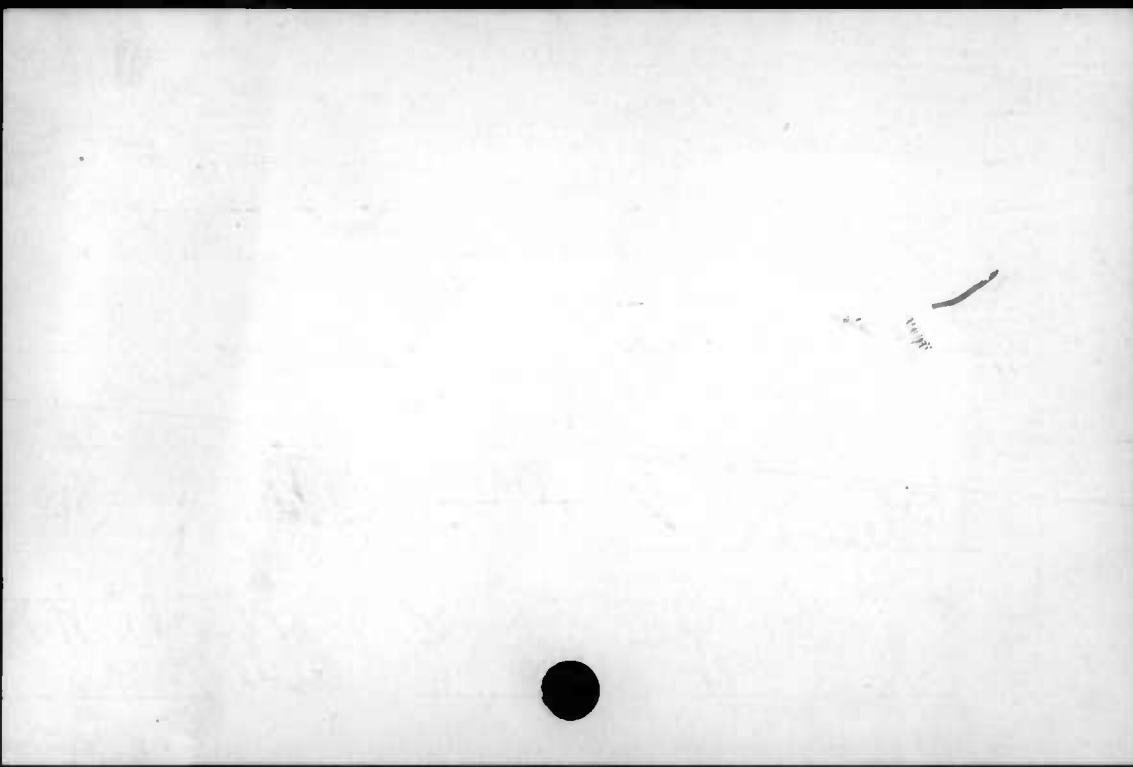
179

PHYSICIAN
OR CORONER

Primary	<i>General debility</i>		How long	<i>6 months.</i>	
Immediate	<i>Heart failure.</i>		How long		
Are the name, age, sex, color, date and place correctly given above?		<i>yes.</i>	Signature of Physician	<i>W.S. Maxwell.</i>	
			Address	<i>Still Pond, Md.</i>	
Accident or Suicide?					

Wagon

Name in Full		Edna Jones				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Morgue		County		1 Cent	
	Date of death	1908	Month	May	Day	16	Age
	Sex	Female		Color or Race	Col		Birth-place
	Occupation	School girl		Where Residing if not at place of death		Millington, Md	
	Married, Single or Widowed	—		Name of Wife or Husband		—	
	Father's Name	Isaac J Jones				Father's Birthplace	Md
	Mother's Maiden Name	Lorina Gleason				Mother's Birthplace	Md
Name of person giving information	Annie Jones				How related to deceased	Sister	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 2px solid black; border-radius: 50%; padding: 5px; display: inline-block;">27</div>							
PHYSICIAN OR CORONER	Primary	Pulmonary tuberculosis				How long	5 months
	Immediate	Exhaustion				How long	3 weeks
	Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	H. G. Simpson		
	Address	Chestertown					
Accident or Suicide?	No		Md				



Name
in
Full

Barlie Mason

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Mettota</u> <small>Town</small>		<u>Kent.</u> <small>County</small>		MARYLAND	
Date of death	<u>1908</u> <small>Month</small>	<u>May</u> <small>Day</small>	<u>9</u> <small>Age</small>	<u>13</u> <small>Years</small>	<u>Months</u> <small>Days</small>
Sex	<u>Male.</u>	Color or Race	<u>Black.</u>	Birth-place	<u>Kent Co Md</u>
Occupation	<u>School Boy</u>		Where Residing if not at place of death <u>✓</u>		
Married, Single or Widowed	<u>Single.</u>	Name of Wife or Husband <u>none</u>			
Father's Name	<u>Wm H. Mason</u>			Father's Birthplace	<u>N. Carolina</u>
Mother's Maiden Name	<u>Annada Reed</u>			Mother's Birthplace	<u>Kent Co Md</u>
Name of person giving information	<u>Wm H. Mason.</u>			How related to deceased	<u>Father</u>

CAUSES OF DEATH

(27)

PHYSICIAN
OR CORONER

Primary	<u>Consumption Lung</u>	How long	<u>2 yrs</u>
Immediate	<u>Exhaustion</u>	How long	<u>2 mos</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>yes</u>		<u>E. W. Hubbard M.D.</u>	
		Address	
		<u>Charlottesville</u>	
Accident or Suicide?			

col - Melitota

Name
in
Full

Norris Sylvester Edward Murvey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

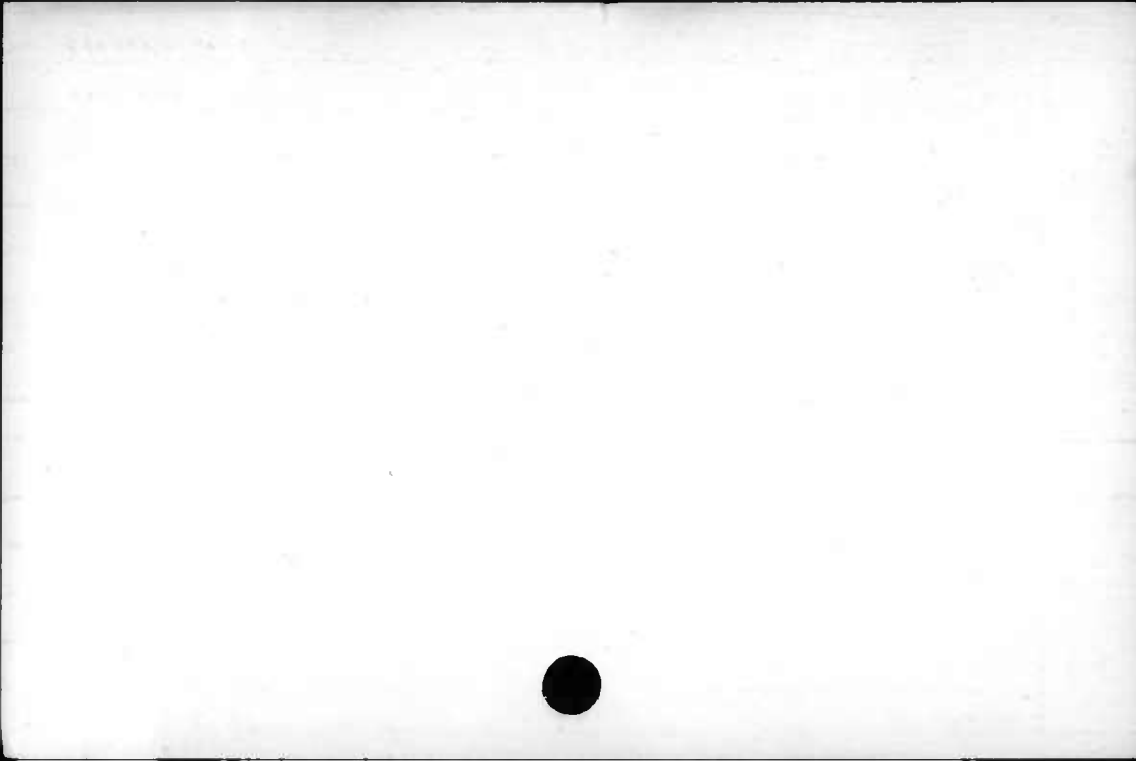
Died at ^{near} <i>Fairlee</i> ^{Town}		^{County} <i>Kent</i>		MARYLAND		
Date of death	<i>1908</i>	Month <i>May</i>	Day <i>23</i>	Age <i>4</i>	Months <i>7</i>	Days
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Unknown</i>			
Occupation			Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband				
Father's Name <i>John E. Murvey</i>		Father's Birthplace <i>Md.</i>				
Mother's Maiden Name <i>Jennie Dudley</i>		Mother's Birthplace <i>Md.</i>				
Name of person giving information <i>Father</i>		How related to deceased				

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>5 days</i>
Immediate <i>Marasmus</i>	How long <i>67 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>L. W. Smith</i>
	Address <i>Chestertown #2</i>
Accident or Suicide	



Name
in
Full

Lillian R. Porse

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Wilmington Town Kearcy County

Date of death 1908 5th Month 20 Day Age 48 Years Months Days

Sex Female Color or Race White Birth-place 2nd

Occupation Housewife Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Richard Porse

Father's Name Unknown Father's Birthplace Unknown

Mother's Maiden Name " Mother's Birthplace "

Name of person giving information " How related to deceased

CAUSES OF DEATH

179

PHYSICIAN
OR CORONERPrimary UnknownHow long half hour

Immediate

Are the name, age, sex, color, date and place correctly given above?

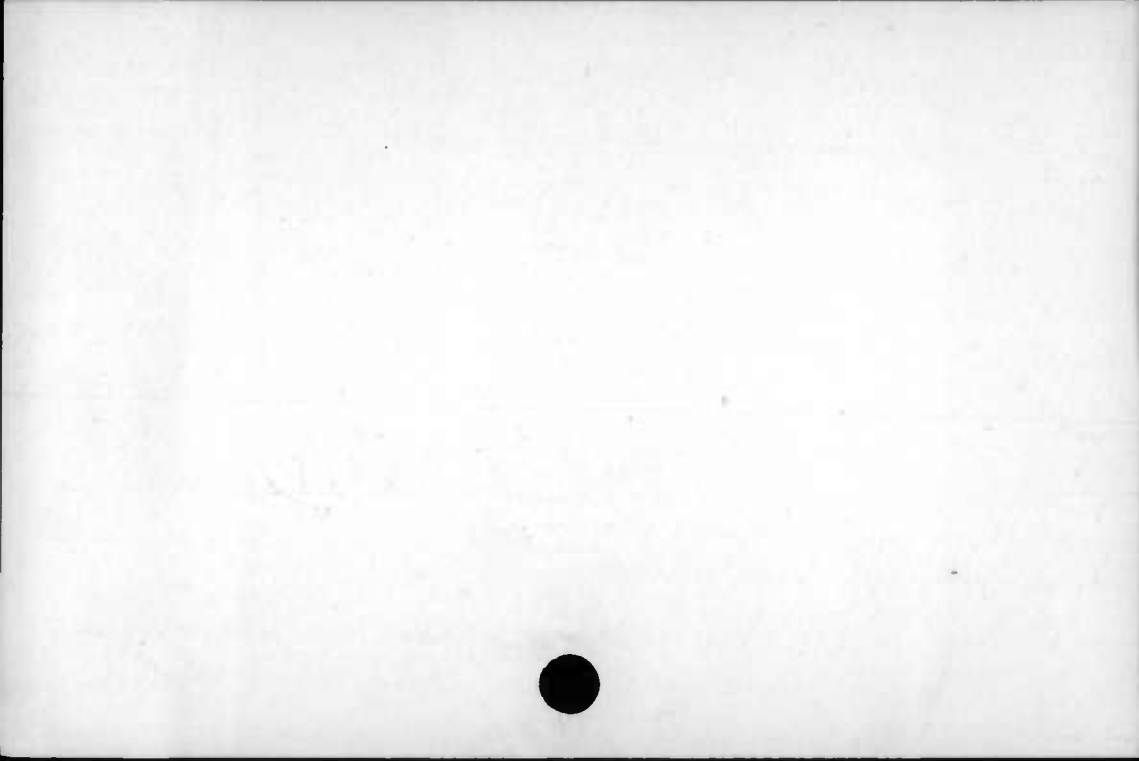
yes

Signature of Physician

Address

W. Cunningham
Wilmington

Accident or Suicide?



Name
in
Full

Frank Robinson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Chesapeake</u> ^{Town}		County <u>1 Cent</u>		MARYLAND	
Date of death	<u>1908</u>	Month <u>May</u>	Day <u>29</u>	Age	Years <u>1</u> Months <u>19</u> Days <u>19</u>
Sex <u>Male</u>	Color or Race <u>Col</u>		Birth-place <u>Ind</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>—</u>			Name of Wife or Husband <u>—</u>		
Father's Name <u>Chas Anderson</u>			Father's Birthplace <u>Ind</u>		
Mother's Maiden Name <u>Mamie Robinson</u>			Mother's Birthplace <u>Ind</u>		
Name of person giving information <u>Ed Robinson</u>			How related to deceased <u>Grand Uncle</u>		

CAUSES OF DEATH

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PHYSICIAN
OR CORONER

Primary	<u>Mal nutrition</u>	How long	<u>Since birth</u>
Immediate	<u>Exhaustion</u>	How long	<u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>W. H. Simpson</u>	
		Address <u>Chesapeake</u>	
Accident or Suicide? <u>No</u>			

J. E. H.

James M. E. cem.

Name
in
Full

Still Born S Stouts

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Colemans ^{Town} Kents ^{County}
 Date of death 1908 ^{Month} May ^{Day} 10 ^{Age} — ^{Years} — ^{Months} — ^{Days} —
 Sex Female Color or Race Black Birth-place Coleman's Ind.
 Occupation — Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or Husband —
 Father's Name John W. Stouts Father's Birthplace Ind
 Mother's Maiden Name Olivia Brown Mother's Birthplace Ind
 Name of person giving information John W. Stouts How related to deceased father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Still Born How long (S)
 Immediate — How long —
 Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician L. P. Atwell M.D.
 Address Still Pond Ind.
 Accident or Suicide? —

Coleman

Name
in
Full

John Edes Vickers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{name} <i>Lansford</i>		Town <i>Lansford</i>		County <i>Kent</i>		MARYLAND	
Date of death	<i>1908</i>	Month <i>5-</i>	Day <i>17</i>	Age	<i>59</i>	Years	Months <i>1</i>
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Kent Co Md</i>
Occupation	<i>Waterman - Captain</i>		Where Residing if not at place of death		<i>Home near Lansford</i>		
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband		<i>Emma Davis</i>		
Father's Name	<i>John E. Vickers</i>					Father's Birthplace	<i>Kent Co Md</i>
Mother's Maiden Name	<i>Miss Barclay</i>					Mother's Birthplace	<i>Baltimore</i>
Name of person giving information	<i>Walter Fletcher</i>					How related to deceased	<i>Son in law</i>

CAUSES OF DEATH

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PHYSICIAN
OR CORONER

Primary	<i>Bright's Disease</i>	How long	<i>2 Years</i>
Immediate	<i>Edema - massive</i>	How long	<i>1 W -</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>W Frank Harris</i>	
		Address	
		<i>Chestertown Md</i>	
Accident or Suicide?			

Review at ~~the~~
Hessley Chapel

Charles Wood
Undertaken

Name in Full		Sarah a. West				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Betterton</u> Town			County <u>Kent</u>		MARYLAND	
	Date of death	1908	Month	May	Day	25	Age
	Years		82	Months	11	Days	26
	Sex	female	Color or Race	white	Birth-place	md	
	Occupation	<u>None</u>			Where Residing if not at place of death		
	Married, Single or Widowed	Widow	Name of Wife or Husband <u>May West</u>				
	Father's Name	<u>Wm Crew</u>			Father's Birthplace	<u>md</u>	
Mother's Maiden Name	<u>Mary Holston</u>			Mother's Birthplace	<u>md</u>		
Name of person giving information	<u>Eben Crew</u>			How related to deceased	<u>Brother</u>		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	<u>General debility.</u>				How long	<u>one year.</u>
	Immediate	<u>Heart failure.</u>				How long	
	Are the name, age, sex, color, date and place correctly given above?		yes.		Signature of Physician <u>Wm. S. Maxwell.</u>		
					Address <u>Still Pond, Md.</u>		
	Accident or Suicide?						

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